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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 019/224P						
<p>I hereby certify that this correspondence is being hand delivered to the U.S. Patent and Trademark Office, Washington, D.C. 20231</p> <p>on _____.</p> <p>Signature _____</p> <p>Typed or printed name _____ Shari Hall White</p>								
<p>In re Application of Gregg B. Morin, et al.</p> <table border="1"> <tr> <td>Application Number 09/042,460</td> <td>Filed March 16, 1998</td> </tr> <tr> <td colspan="2">For Mouse Telomerase Reverse Transcriptase</td> </tr> <tr> <td>Group Art Unit 1636</td> <td>Examiner Sumesh Kaushal</td> </tr> </table>			Application Number 09/042,460	Filed March 16, 1998	For Mouse Telomerase Reverse Transcriptase		Group Art Unit 1636	Examiner Sumesh Kaushal
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>320.00</u>.</p> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>160.00</u>. </p> <p> <input type="checkbox"/> A check in the amount of the fee is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. </p> <p> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>07-1139</u>. I have enclosed a duplicate copy of this sheet. </p> <p> <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p> <input type="checkbox"/> applicant/inventor. </p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) </p> <p> <input checked="" type="checkbox"/> attorney or agent of record. </p> <p> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____. </p> <p>  Signature J. Michael Schiff Typed or printed name Date <u>June 27/02</u> </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>								

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*Total of one (in duplicate) form is submitted

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.